

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 567738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8	1		1			
9	1		1			
10		1		1		
11		1		1		
12		2		2		
13		2		2		
14		2		2		
15	1		1			
16	1		1			
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TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	12	←	12	←		←
TOTAL CLAIMS	19		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						